Effective October 1, 2003										10 766535				
CLAIMS AS FILED - PART I (Column 1) (C						(Column 2) SMA			L ENTITY			OTHER THAN SMALL ENTITY		
TC	TAL CLAIMS							RATE		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			24 minus 20=		•			X\$ 9	=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		*			X43=			OR	X86=		
MU	LTIPLE DEPEN	DENT CLAIM PI	ESENT .					+145			OR	+290=	·	
* If the difference in column 1 is less than zero, of					"0" in c	olumn 2	1	TOTA	L		OR	TOTAL		
CLAIMS AS AMENDED - PART II									•			OTHER		
	(Column 1) (Column 2) (Column 3)							SMAL	L E	NTITY	OR	SMALL		
AMENDMENTA	2/17/05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 17	Minus	2	4	=		X\$ 9:	-		OR	X\$18=		
	Independent	・	Minus	***	3	=		X43=			OR	X86=	,	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		ا ا	+145:	-]		OR	+290=		
									AL		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	$\ \ $	X\$ _. 9=	-		OR	X\$18=		
	Independent	*	Minus	***	CLAINA	=	$\ \ $	X43=			OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145:	-		OR	+290=		
								TOT ADDIT. F			OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAI. FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	П	X\$ 9=	-		OR	X\$18=		
	Independent	*	Minus	***		-	П	X43=) - t	OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						4	+145:	-		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										•	OR	TOTAL ADDIT, FEE		
	to the "Lichard Mis	mber Previously Pa aber Previously Pa	aid For IN THI	S SPACE I	is less tha	ın 3. enter "3."				ropriate bo	x in co			

Application or Docket Number